mission, and the wrongfulness of the act. If he had sufficient mental capacity to know what he was doing, and to know that it was wrong, he is legally accountable for his act. Even though he may be mentally abnormal or defective, or may suffer from some nervous disorder, he is, under our law, held to full responsibility for his act unless the evidence brings him within the strict legal meaning of insanity."

This then is the law, and certainly it is not within our province, nor is it our intention or desire to question an opinion from such a source.

Another law, however, if added to the statutes of the State would, in my opinion, simplify and probably clarify this problem of psychiatric expert testimony. I have in mind and suggest an amendment of an existing law providing that Superior Court judges in cases in which defendants have pleaded "Not guilty by reason of insanity," appoint medical commissions as is now provided, adding a mandate to the effect that no other medical testimony be admissible.

An objection might be raised to this that such an act would be discriminatory, and therefore unconstitutional; but it would seem to me that Superior Court judges should have this latitude and authority in such cases, and that legislation to this effect could be created in a manner that would be constitutional.

Or, a law might be passed in this State similar to those in effect in other states, making provision that the Superior Court judges in cases wherein insanity is entered as defense be empowered to order the defendant confined in a state hospital for a period of not less than thirty nor more than sixty days for an examination by the superintendents and medical staffs of state hospitals, who will be required to give an opinion to the court as to the sanity or insanity of defendant at the time of the commission of the crime.

The statute now in effect provides that in such cases the Superior Court judge presiding must appoint two or more physicians to "examine defendant and otherwise inform themselves concerning his mental condition." In accordance with the provisions of this statute, Section 1027 of the Penal Code of California, the judge orders these alienists by him appointed to "examine the said defendant and investigate his sanity and to testify in court in reference thereto." Under this law both attorneys for the defendant and attorneys for the State may question, and cross-question, and examine the medical experts as freely as may the judge.

It would surely seem that this procedure should bring out all the worthwhile expert testimony necessary to the case on trial, and is a fair and just and comprehensive presentation of expert medical evidence.

If then, as above suggested, no other medical testimony be permitted in such cases, and if no other alienists be called by attorneys for the people, the ends of justice would be better served. How often have we seen a doctor or group of doctors offering expert testimony on one side of a case in court, and another or more doctors on the other, each side earnestly testifying to opinions, and even that which they profess to believe to be facts, that are entirely different one from the other; and it seems equally ridiculous that a jury of laymen may be expected to pick and choose between experts who testify to conflicting opinions. And if experts cannot agree, certainly juries cannot be expected to agree.

This imposition on the public and on our profession could, I believe, be remedied by the enactment of a short statutory provision as above suggested.

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MARGARET H. SMYTH, M. D. (Medical Director and Superintendent of Stockton State Hospital, Stockton).—Psychiatry and the law have been running on parallel lines for a long time, but the indications seem to be that the lines are changing their direction and fusing into better comprehension of the two viewpoints in so far that both lawyers and medical men show a dissatisfaction with present meaning and procedure.

The term "insanity," to which blind custom and habit seem to have given a fixed place in legal and medical diction, possibly has had a legitimate excuse for being when first formulated, which the title of Doctor Black's paper points out. The legal side of psychiatry is certainly an important one, and especially so from the standpoint of responsibility.

A person suffering from a serious mental disorder is sent to a state hospital unless he has private means to be cared for elsewhere. In case a commitment is considered, legal procedure becomes necessary. The procedure in this and in many of our states could be changed in some respects with considerable benefit to the patient. It is encouraging to see better and more widespread understanding of modern psychiatry in the past several years, with psychiatric wards provided in many of our county hospitals and with deputies endeavoring to improve their methods in conveying their charges to the hospitals. A mental patient arrives at the hospital in a far more comfortable state than was true some ten or fifteen years ago, at which time a large number arrived in full restraint, fearful and uncomfortable.

The law now offers voluntary admission of patients on written request to the superintendent of the hospital. This law is being taken advantage of to such an extent that at the present time the six state hospitals in California have under care for treatment ond observation 504 voluntary patients. This plainly shows the course a mental patient with some insight will follow if medical aid is offered, and without the necessity of resorting to legal measures for admission to a hospital giving the patient the benefit of early treatment for his particular illness.

As for a trial by jury when required to determine sanity or insanity of a defendant, when the time comes for a medical man to ask the opinion of a jury as to whether a patient is suffering from chicken pox or smallpox, the psychiatrist may then hope to request a jury to sit on a case of dementia praecox or paresis. However, it is for the determination of sanity or insanity that the jury is called. The jury gleans its information from witnesses and the testimony given by physicians appointed by the judge of the court or called on the case. One cannot be too critical of the findings of the jury of inexperienced men when, in certain instances, the medical experts themselves disagree as to the diagnosis in the individual's case.

Psychiatry, I believe, is one of the most important branches of medicine, and I am in agreement with Doctor Black's statement that the classification of the American Psychiatric Association should be the basis of all findings in the practice of medicine by psychiatrists in dealing with mental patients.

FRESNO COUNTY PART-PAY PLAN*

By H. M. GINSBURG, M.D.
Fresno

DISCUSSION *by A. E. Anderson, M.D., Fresno; John Hunt Shephard, M.D., San Jose; Charles A. Dukes, M.D., Oakland.*

A BRIEF summary of the Fresno County part-pay plan is submitted to show number of cases and results between July 7, 1933 (the date of its inauguration), and December 1, 1935. The plan was slow in its showing, due, first to a lack of medical social service workers, and, second, the fact that the plan was new and workers were reluctant to refer cases with small fees. The medical social service department, under the supervision of trained medical social workers, was not established in the General Hospital until October 1, 1934, and yet, as will be seen in the statistical report, it is a vital factor in the working of the plan.

HOW THE FRESNO PLAN FUNCTIONS

The plan has been outlined previously and, briefly, functions as follows: The medical social

* From the Directors' Department of the General Hospital of Fresno County.

service department, located at the General Hospital, after interviewing patients, rates them into one of three classes. The first class (well-to-do) and third class (indigents) are cared for by their private physicians and General Hospital, respectively. The second class is rated according to its illness and ability to pay, and is referred to its physician of choice, or physician selected by rotation, with case history (financial and social) which specifies the amount patient is able to pay for the treatment. The physicians selected by rotation are taken from a panel supplied by the Fresno County Medical Society. The physicians on this panel have agreed to accept the recommendations of the medical social service department and, in case of doubt, the patient can be referred back for a second social report. It was felt that in a community the size of Fresno County, where three-fourths of the physicians are located in the city of Fresno, it would be better to have the patient report to the medical social service department and then be referred to the physicians, rather than have physicians interview the patients first and then send them to the service department to determine financial status. In this manner the physicians are not called upon to treat indigents in the home when they should be cared for at the county institution. The coöperation of the medical profession is essential to the proper working of the plan.

REPORT ON 588 CASES

From August 7, 1933, to October 1, 1935 (previous to establishment of the medical social service department) 149 cases were referred to private physicians. With the establishment of the department there have been referred, from October 1, 1934, to December 1, 1935, a total of 439 cases. This points out the value of trained workers. The total for the plan is 588 cases, divided as illustrated in Chart 1.

CHART 1.—*Fresno County Part-Pay Plan: Distribution Chart*

August 7, 1933, to December 1, 1935

Type of Case	Amount Payable	Number of Cases
Obstetrical	$35.00	2
	25.00	31
	20.00	4
Circumcision	15.00	3
	5.00	1
Tonsils, Adenoids and Circumcision	30.00	1
	25.00	1
	20.00	1
Tonsils-Adenoids	25.00	7
	20.00	8
	15.00	42
	10.00	38
	7.50	1
Office visits (Includes major and minor surgical cases listed in regular fee)	Regular or full fee	164
	50c per call	2
	75c per call	6
	1.00 per call	88
	1.50 per call	124
	2.00 per call	27
	2.50 per call	9
	3.00 per call	1
	4.00 per call	1
Dentist	Full fee	5
Shelter camp		2
Other counties		19
Total		588

COMMENT

These cases do not figure the return visits made. If we assume that each patient returned on an average of three to four times, it would swell the visits made to about two thousand.

In all cases the medical social service department impresses the patients that their services must be for a cash consideration, and in the majority of cases it has so worked. Classified among the regular or full-fee office cases are major and minor surgical cases which have not been enumerated. The hospitals in this county, whenever necessary, have modified their rates according to request of medical social workers.

The patients have been satisfied, and repeatedly have expressed themselves as happy over the fact that they are able to secure private care at moderate rates. It is felt that the plan will show better results in the future.

The panel of physicians, when first compiled, was segregated as to surgeons, gynecologists, urologists, etc. It was found, after one year's experience, that it was better to have one straight panel, without divided specialties, and if a physician did not care for a particular type of case he could refer it to another physician of his group, or the medical social department would contact another physician.

General Hospital of Fresno County.

DISCUSSION

A. E. ANDERSON, M. D. (1759 Fulton Street, Fresno).—The Fresno County Part-Pay Plan is an adaptation of the Alameda plan. It differs from the Alameda plan in that the patient first sees the social service worker instead of being referred by the physician to the social service.

The Fresno County Medical Society, conferring with the County Board of Supervisors, secured the adoption of this method of providing medical service for patients unable to pay the usual fees, but not in the indigent class, early in 1933. Until a trained social service worker was provided October 1, 1934, only a negligible number of patients were referred to physicians under this plan. During the period from October 1, 1934, to December 1, 1935, a total of 439 cases were referred, showing a very gratifying increase in the use of this service.

The social service work is done by one trained and two untrained members of this department at the County Hospital. The admissions to the hospital for the year 1935 were 7,100, and to the out-clinic 6,200. The investigation of this great number of patients is necessarily inadequate, and could be improved by additional workers.

Only occasionally can hospital facilities at private hospitals be arranged for under this plan. The Social Service Department emphasizes the need of prepaid hospital service in order to make this plan really effective. The lack of cash to pay the private hospital is a very frequent reason for admission as a charity case, when the patient states he can arrange for the medical services needed. The doctor is willing to take a chance on future payment for his services, but the patient, unable to pay the private hospital, is classed with the indigents, and so admitted.

Some seventy members of the Fresno County Medical Society have agreed to take care of these patients at whatever fee they can pay.

There are no definite or fixed rules for determining eligibility for this service. The social service tries to ascertain the personal need and inability to provide needed care by a private physician or at a private hospital.

My impressions lead me to the conclusion that in order to make this plan most useful, especially in cases of serious illness, we must have other hospital facility arrangements such as could be provided by hospital insurance.

JOHN HUNT SHEPHARD, M. D. (609 Medico-Dental Building, San Jose).—The report of Dr. H. M. Ginsburg on the operation of the Fresno County Part-Pay Plan furnishes some valuable food for thought.

One of the chief things that impressed me when I read the report is the fact that 164 of the 588 patients (27.88 per cent) investigated by the Social Service Department, were not entitled to receive services at reduced fees. While 588 cases is too small a number upon which to base definite conclusions, it becomes a very significant factor when considered from the viewpoint of health insurance. This 27.88 per cent may justly be considered chiselers, attempting to get something to which they are not entitled. It is interesting that this percentage of chiselers very closely corresponds to the abuse found in some of the European health services, and consequently, if and when any form of health insurance is adopted in this country, there must be added to the estimated cost 25 or 30 per cent to cover the abuse of privileges in one form or another.

While it appears that the fees received for much of the work is near or below the cost level to the doctor, the fact that these patients have been saved their self-respect and prevented from becoming patrons of public charity is of great value, for when a person once receives public charity in any form he is very apt to become a permanent dependent member of society and a supporter of the various types of "give me" legislation.

I believe that the doctors in Fresno County, in caring for this economically embarrassed group, are acting in accordance with the ideals of medicine, and will help many persons maintain their independent existence and pride of citizenship. Furthermore, such experiments definitely deny the accusation of many social economists who are claiming that the medical profession is giving no thought to, nor attempting to solve the problem of the unpredictable, indeterminable cost of illness.

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CHARLES A. DUKES, M. D. (426 Seventeenth Street, Oakland).—The indigent, the near-indigent, and the patient who can pay a reasonable sum for medical and hospital care is the usual problem for every county in the care of the sick. When periods of depression appear the division between the indigent and near-indigent becomes very narrow.

I am doubtful of the wisdom of establishing a fee bill for the near-indigent, believing it is better to ascertain the financial status of each case and make the fee accordingly.

The distribution of the patients must be fair, and probably can be carried out geographically and alphabetically to the satisfaction of all. In Alameda County this plan of distribution of cases is being used.

Would it not be well to avoid the use of the title "Part-Pay Plan" and substitute "Medical Service" for work done for people of limited means?

FRACTURES OF BOTH BONES OF THE ARM OR LEG—THEIR MANAGEMENT*

By E. W. CLEARY, M.D.
San Francisco

DISCUSSION *by Arthur L. Fisher, M. D., San Francisco; Harold E. Crowe, M. D., Los Angeles; H. W. Spiers, M. D., Los Angeles.*

THE object of this paper is to discuss fractures of the forearm and leg bones from the viewpoint of the application of traction, and to present certain mechanical devices which have been found helpful in caring for such fractures.

The fracture problem has changed since the machine-age reached its heyday. The automobile has been characterized the greatest killer that man has yet invented. By the same token it leads the field in shattering, tearing, pulping and excessively contaminated injuries to the arms and legs. Such severe injuries are now produced at every corner and crossroads, and in the remotest regions where the automobile goes.

Changes in a problem predicate changes in methods for its solution. Every doctor now needs effective fracture equipment, which must include mechanical devices for traction and immobilization.

Certainly many cases of fracture may be effectively treated without the use of such mechanical devices, and should be so treated. The simplest effective method remains the method of choice. Some may deprecate the suggestion that an average doctor in an ordinary environment should use transfixion wire traction methods. It would appear, however, that the wide use of such methods, though not without hazard, would, on the whole, be less dangerous to the patient with severe complicated fractures, than the alternative of delayed or ineffective treatment.

IMPORTANCE OF EARLY REDUCTION AND EFFECTIVE IMMOBILIZATION

Reduction and effective immobilization at the earliest possible moment, particularly of compound or extensively comminuted fractures, are of signal importance. It was the French who, during the World War, emphasized the importance of early attention to dirty wounds by characterizing the first ten hours following the injury as the period of contamination, and the succeeding interval as the period of infection. Special effort should be made to complete cleansing, reduction and immobilization of compound fractures within the period before active infection has begun. Many, thus treated, get well with only an insignificant local reaction. Simple, easily available devices help to shorten the period of adjustment of the fracture, and to start it securely on the road to recovery before valuable time has been lost.

TRACTION IS INDISPENSABLE

Traction, in some form or other, is indispensable. Other things being equal, effectiveness of traction depends upon the method of application. Manual traction is sharply limited, is inexact and inconstant. Surface traction by means of mechanical devices is a step in advance sufficient to meet many needs. Maximum control and precision are attained by skeletal traction where the force is applied directly to bone at the points of traction and countertraction, and when both these points are hooked up to a rigid base of support.

The number and variety of rigid base traction devices is legion. Many new machines have recently appeared. Complexity and expensiveness tend to defeat the purpose of most of them. The desideratum is effective and inexpensive machines, convenient to carry and easy to set up, without elaborate mechanisms to get out of order; machines that are light and that get in the doctor's and the patient's way as little as may be.

* Read before the General Surgery Section of the California Medical Association at the sixty-fourth annual session, Yosemite National Park, May 13-16, 1935.